



Girl Scouts of Eastern Oklahoma PARENT PERMISSION FOR ACTIVITY OR TRIP

RETURN THIS PORTION TO LEADER

I understand and am in complete agreement that:

1. my daughter _____ will participate and/or travel with Girl Scouts of Eastern Oklahoma troop # _____ at/to (location) _____ on (date/s) _____;
2. there will be _____ adults participating with/accompanying the _____ Girl Scouts;
3. my daughter will participate in (description of activities) _____; and/or will visit: _____;
4. transportation will be by private car rented/chartered vehicle commercial airline other _____;
5. the group will stay at (name of overnight facility) _____ and be housed in lodge cabins connecting rooms tents other _____; this facility is locked unlocked;
6. security arrangements made by the troop include _____.

During this activity, I may be reached at the following locations in addition to the home phone:

Additional telephone number(s) – Mother _____
 Additional telephone number(s) – Father _____

In case I cannot be reached, someone to contact in an emergency will be (please notify these people of their responsibilities):

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Private Medical Insurance Information: Company _____ Group # _____ Other # _____

After this activity, my daughter(s) will be going _____ with _____

I hereby give permission for the administration of the following medications if deemed necessary by a qualified first aider, nurse or physician. Dosages will be administered according to directions on the container unless otherwise directed by a physician. Please (✓) check any medication your child MAY be given.

<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Antibiotic Ointment	<input type="checkbox"/> Decongestant
<input type="checkbox"/> Antacid Tablets-Chewable	<input type="checkbox"/> Calamine Lotion	<input type="checkbox"/> Throat Lozenges/Spray	<input type="checkbox"/> Sun Screen	<input type="checkbox"/> Bug Spray
			Brand: _____	Brand: _____

I am sending the following medication(s) with my child:

<u>MEDICATION</u>	<u>DIRECTIONS</u>
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1. _____
2. _____
3. _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____

(Signature required if sending/approving any medication.)

By signing this permission document, I acknowledge that I have had an opportunity to discuss all aspects of this activity, I am aware of all security arrangements, I fully understand the nature of this event and am in complete agreement and have no further questions regarding it. I give my unreserved permission for my daughter to participate and for the adults to act in a parental role in my place. I understand that the *Authorization for Emergency Care*, which I signed when my daughter joined the troop this current year, is in effect for this activity.

X Parent/Guardian SIGNATURE (in ink) _____ Date _____

✂ *Clip here and keep this information for reference* ✂



DON'T FORGET!!
GIRL SCOUT ACTIVITY

DO I NEED TO SEND MONEY? <input type="checkbox"/> NO <input type="checkbox"/> YES! \$ _____

GOING TO _____ ON (date) _____

TIME AND PLACE OF DEPARTURE _____

SHE NEEDS TO BRING AND/OR WEAR _____

AT-HOME CONTACT NAME AND PHONE _____

PICK HER UP! DAY/DATE: _____ TIME: _____ PLACE: _____